BHS-EMS-200 (10/01)

State of Michigan
Department of Consumer & Industry Services
Bureau of Health Systems
Emergency Medical Services Section
P.O. Box 30664
Lansing, Michigan 48909
http://www.cis.state.mi.us/bhs/

Office Use Only	
File #	

## **ALLEGATION / COMPLAINT**

Authority: P.A. 368 of 1978, as amended.

I wish to file a complaint against the life support agency or Medical Control Authority named below. I understand that the Emergency Medical Services Section does not assist citizens seeking return of their money or other personal remedies. I am, however, submitting this information so that it may be determined if action by the section should be considered.

Complainant				Complaint Filed Against					
Your Name				Name of Life Support Agency or Medical Control Authority					
Street Address				Street Address					
City				City					
State	ZIP Code	County		State	ZIP C	ode	County		
Patient's Name				Agency Telephone Number					
Your Telephone Number Home: ( ) Work: ( )				Incident Date					
				strative Hearing if necessary? Is there court action pending?					
☐ Yes         ☐ No           ☐ Yes         ☐ No			☐ Yes ☐ No			No			
Give details of your concerns (who, what, when, where, how, etc. Use additional sheets if necessary)  Retain a copy of all correspondence for your records									
	Signature		_	Date					